

HAVRE DE GRACE GIRLS LACROSSE

2017 Registration Form

Harford County Department of Parks and Recreation
Havre de Grace Recreation Committee



Registration Fee: \$25.00 per player (includes raffle)

Girls (ages 4-6)

Walk in registration as follows:

Oct 29th & Nov 19th
HDG Activity Center
9am-1pm

Payment and completed registration should be made payable
to **Havre de Grace Girls Lacrosse** and mailed to:

Melanie Rimel-Holloway
1223 Stafford Road
Darlington, MD 21034
443-807-9257

The deadline for receipt of registrations is **January 9, 2017**. Submit a separate Registration form for each child. Registration received after the due date will be placed on a waiting list and notified if/when spaces become available. You will be contacted in February of your Coach, team and practice schedule. Any special requests must be submitted on this form.

Havre de Grace Girls Lacrosse is run entirely by volunteers. The success of our program is dependent on the interest and commitment of parents. Please help by volunteering to coach or assistant coach. For more information you may contact Melanie Rimel-Holloway, Program President at 443-807-9257.

For information and updates please check out our web-site <http://www.hdggirlsax.com>

Child's Name: _____ Birth date: _____ Age on 9/1/2016 _____

Address: _____ Phone: _____ Cell: _____

Parents(s) or Guardian(s): _____ E-mail Address: _____

Please list any special consideration or medical problems: _____

Emergency contact & phone number: _____

I would like to volunteer to: ☐ Coach ☐ Assistant Coach ☐ other

I grant permission for photographs showing my child in Lax activities to be used on Lax website. YES _____ NO _____

By my signature below, I hereby permit my child named above to play in the Havre de Grace Lacrosse program. I will not hold the officers of Havre de Grace Recreation Committee, Havre de Grace Lacrosse coaches responsible for any injuries sustained by my child while participating in the program, including transportation to and from scheduled practices and games. I also understand that Havre de Grace Lacrosse does not offer medical insurance and that I am liable for the costs of any medical services required as the result of any injury sustained by my child during participation in this program. I also certify by my signature that my child is physically fit to participate in this program. I, and anyone attending an event with me, will abide by the Harford County **no tolerance rule**. My child's birth date above is accurate.

Registration fees are non- refundable.

I am aware of the signs of a concussion and the need to seek treatment and release and can obtain additional information at www.edc.gov/Concussion or by calling 1-800-232-4636

Sudden Cardiac Arrest Information: Sudden Cardiac Arrest in Youth is the leading cause of death in young athletes. Learn the warning signs by visiting www.ParentHealthWatch.org or 1-800-717-5828 or www.hdgrec.org. I have received and read materials provided by the Havre de Grace Recreation Committee on Cardiac Arrest and understand the risks and symptoms associated with SCA.

This document is available in an alternative format upon request.

Parent's/Guardian's Signature

Date